

OHIO TRAFFIC CRASH REPORT

OH-1 (Rev. 1-82)

LOCAL REPORT NO. 16-14895		<input type="checkbox"/> OH-2 <input type="checkbox"/> OH-3		Lebanon Police		0830300		ODHS USE ONLY - 00 NOT MARK ABOVE				LOCAL FILE NO.
REPORT TAKEN <input type="checkbox"/> AT STATION <input checked="" type="checkbox"/> AT SCENE	NO OF VEH PEDESTRIANS INVOLVED 2		CRASH SEVERITY (CHECK MOST SEVERE) <input type="checkbox"/> FATAL <input type="checkbox"/> INJURY <input checked="" type="checkbox"/> PROPERTY DAMAGE ONLY		COMBINED VEH/PROP LOSS <input checked="" type="checkbox"/> OVER \$150 <input type="checkbox"/> UNDER \$150		HIT SKIP <input type="checkbox"/> SOLVED <input checked="" type="checkbox"/> UNSOLVED					
IN COUNTY OF WARREN				IN <input checked="" type="checkbox"/> CITY LEBANON		DATE OF CRASH: 8/9/16 TUE		TIME: 0600				
CRASH OCCURRED ON Lot of Kroger				WITHIN THE INTERSECTION OF 1425 Columbus AVE								
IF NOT IN INTERSECTION				(LIST NEAREST INTERSECTING STREET, MILEPOST, HOUSE NO.)				CITY CODE				
LOG-1		LOG-2		LOC JUR FH9 .FLT								
A	UNIT NO. 1	NO OF OCCUPANTS 1		OPERATING <input checked="" type="checkbox"/> PARKED <input type="checkbox"/> DRIVERLESS <input type="checkbox"/> HIT & RUN NON CONTACT <input type="checkbox"/>		INSURANCE CO OR AGENT						
DRIVER-PEDESTRIAN NAME (LAST, FIRST, MI) UNKNOWN				ADDRESS (NO., STREET, CITY, STATE, ZIP CODE)								
PHONE NO.		BIRTH DATE		AGE	SEX	SOCIAL SECURITY NO.		STATE	DRIVER'S LICENSE NO.		OCCUPATION	
OWNER (IF SAME AS DRIVER, WRITE SAME)				ADDRESS				PHONE				
VEH YR		MAKE		MODEL		COLOR	STYLE	STATE	LICENSE PLATE NO.		TOWING SERVICE	
CIRCLE DAMAGE AREAS		9 TOP 10 UNDER CAR 11 LOAD 12 TRAILER		DAMAGE SEVERITY <input type="checkbox"/> NON-FUNCTIONAL <input type="checkbox"/> FUNCTIONAL <input type="checkbox"/> DISABLING		DAMAGE SCALE <input type="checkbox"/> NONE <input type="checkbox"/> MODERATE <input type="checkbox"/> LIGHT <input type="checkbox"/> HEAVY		VEHICLE DISPOSITION <input type="checkbox"/> DRIVEN AWAY <input type="checkbox"/> REMAINED AT SCENE <input type="checkbox"/> TOWED		FIRE <input type="checkbox"/> NO FIRE <input type="checkbox"/> FIRE DUE TO CRASH <input type="checkbox"/> OTHER FIRE		
8	UNIT NO. 2	NO OF OCCUPANTS 0		OPERATING <input type="checkbox"/> PARKED <input checked="" type="checkbox"/> DRIVERLESS HIT & RUN NON-CONTACT <input type="checkbox"/>		INSURANCE CO. OR AGENT Erie						
DRIVER/PEDESTRIAN NAME (LAST, FIRST, MI)				ADDRESS (NO., STREET, CITY, STATE, ZIP CODE)								
PHONE NO.		BIRTHDATE		AGE	SEX	SOCIAL SECURITY NO.		STATE	DRIVER'S LICENSE NO.		OCCUPATION	
OWNER (IF SAME AS DRIVER, WRITE SAME)				ADDRESS				PHONE				
VEH YR		MAKE		MODEL		COLOR	STYLE	STATE	LICENSE PLATE NO.		TOWING SERVICE	
CIRCLE DAMAGE AREAS		9 TOP 10 UNDER CAR 11 LOAD 12 TRAILER		DAMAGE SEVERITY <input checked="" type="checkbox"/> NON-FUNCTIONAL <input type="checkbox"/> FUNCTIONAL <input type="checkbox"/> DISABLING		DAMAGE SCALE <input checked="" type="checkbox"/> NONE <input type="checkbox"/> MODERATE <input checked="" type="checkbox"/> LIGHT <input type="checkbox"/> HEAVY		VEHICLE DISPOSITION <input checked="" type="checkbox"/> DRIVEN AWAY <input checked="" type="checkbox"/> REMAINED AT SCENE <input type="checkbox"/> TOWED		FIRE <input checked="" type="checkbox"/> NO FIRE <input type="checkbox"/> FIRE DUE TO CRASH <input type="checkbox"/> OTHER FIRE		
C	FROM UNIT NO.	NAME (LAST, FIRST, MI)		BIRTHDATE		AGE	POSITION		INJURIES			
		ADDRESS		PHONE		SEX	A B C D E F		A B C D E F			
D	FROM UNIT NO.	NAME (LAST, FIRST, MI)		BIRTHDATE		AGE	A B C D E F		A B C D E F			
		ADDRESS		PHONE		SEX	A B C D E F		A B C D E F			
E	FROM UNIT NO.	NAME (LAST, FIRST, MI)		BIRTHDATE		AGE	A B C D E F		A B C D E F			
		ADDRESS		PHONE		SEX	A B C D E F		A B C D E F			
F	FROM UNIT NO.	NAME (LAST, FIRST, MI)		BIRTHDATE		AGE	A B C D E F		A B C D E F			
		ADDRESS		PHONE		SEX	A B C D E F		A B C D E F			
A B C		INJURED TAKEN TO		By		A B C D E F		A B C D E F				
D E F		INJURED TAKEN TO		By		A B C D E F		A B C D E F				
A B C		OFFENSE CHARGED AND DESCRIPTION		ORC CITY ORD.		A B C D E F		A B C D E F				
D E F		OFFENSE CHARGED AND DESCRIPTION		ORC CITY ORD.		A B C D E F		A B C D E F				
RECEIVED CALL 1550		DISPATCHED 1611		ARRIVED 1611		CLEARED 1626		OTHER TIME 10		TOTAL MINUTES 46		
DATE REPORT FILED 8/11/16		PHOTOS <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		OFFICER'S NAME Morris		BADGE NO. 131		CHECKED BY				
1 NOT USED 2 NONE AVAILABLE 3 LAP BELT USED 4 LAP/SHOULDER BELT USED 5 SHOULDER BELT USED 6 CHILD SAFETY SEAT 7 AIR BAG USED 8 USE NOT REPORTED		1 NOT EJECTED 2 PARTIAL 3 TOTAL 4 TRAPPED INSIDE VEHICLE		1 NO ALCOHOL DETECTED 2 HBD ABILITY IMPAIRED 3 HBD ABILITY NOT IMPAIRED 4 HBD ABILITY UNKNOWN		1 NO DRUGS DETECTED 2 USING PRESCRIBED DRUG 3 USING ILLEGAL DRUG						

DRIVER-PEDESTRIAN-VEHICLE SECTION

OCCUPANT SECTION

POLICE ACTION